

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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First Named Inventor

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Art Unit

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Examiner Name

Kristie D. Shingles

Sheet

1 of 1

Attorney Docket Number

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U.S. PATENT DOCUMENTS

[illegible]

EXAMINER SIGNATURE

DATE CONSIDERED

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.